APPENDICES (10-20 pages)

PART A: Recommended Curriculum Components

Based upon the description/summary of each field (Part I) and its application and relevance to health services administration (Part II), each writer is asked to recommend appropriate content in their field for health administration curricula. Rather than taking the form of a "model course outline", breakdown into components or "modules" is recommended, allowing more flexible utilization and integration into existing administration curricula. A model curriculum would include learning objectives, course content, number of student-contact hours, any unusual teaching methods, special student exercises, related bibliographic materials, evaluation methods, etc. (This corresponds to the level II topic outline in the initial Resource Book Guidelines.)

PART B: Practical Educational Issues

Writers' ideas and personal opinions regarding teaching their subject to health administration students.

The following are examples of questions relayed by health administration faculty dealing with timing, students, teachers, teaching methods, etc. Writers may wish to comment upon other practical aspects of curriculum development or teaching their field.

- What teaching approaches seem to "work" with your subject, which not to work so well, and why?
- What learning objectives might be appropriate and accomplishable for health administration students in a relatively short portion of the curriculum?
- Is there a minimal "critical mass" of study or exposure to your subject before students find it understandable and useful, and if so, what? What might reasonably be learned in three-five-ten, or twenty classroom hours by health administration students?
- Is timing important? Does it make any difference whether this field is required of the students as a prerequisite for admission, is taught early in the didactic portion of the curriculum or is studied only after other foundation courses and exposure to health care settings?

- Would you recommend teaching differently depending upon student backgrounds? If so, what recommendations do you have regarding teaching young college graduates, those with several years post-college work experience in non-health organizations or health care settings, or a mixture of students with diverse backgrounds and experience levels?

- Instructors. Could a health administration generalist effectively teach elementary aspects of this subject or does it require an expert? If the latter is the case, where could a health administration program find an appropriate individual? This should be no problem for fields associated with separate university departments, but may present difficulties in fields where labels can be confusing (e.g. social medicine, communications or human ecology) or separate departments may not exist (e.g. social medicine, applied behavioral sciences, futures research or program evaluation).

PART C. Bibliography.

This section should contain bibliographic references for the entire chapter, including:

- One to three dozen annotated articles, books, or other publications representing classic works in the writer's field or applications to health of particular value to health administration faculty and practitioners. Annotations should be as concise as possible, not to exceed a paragraph for each work. This bibliography may be clustered or subdivided according to writers' preferences.

- Footnotes, annotated or explained according to writer's preference.

- Recommended references for course outline. This may be included in the model curriculum portion of the appendix.

ECOLOGICAL PERSPECTIVES OF HEALTH AND DISEASE

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APPENDIX C

POSITION PAPERS: GUIDELINES AND SUMMARIES OF PAPERS RECEIVED

Introduction

As part of the health and behavioral sciences project, position papers were solicited by letter from more than 100 professional societies and organizations concerned about the training of health care administrators.

Respondents were asked to present their views, i.e. take a position on one or more aspects of health and behavioral sciences education for future health care administrators.

Guidelines

The following questions were intended to stimulate discussion and to focus recommendations as to the appropriate health and behavioral sciences curriculum components of graduate programs in health services administration. Writers were encouraged to take positions on these issues:

1. What, in your opinion, are or will be key administrative functions nec ssitating knowledge of health sciences? Please describe specific situations where this knowledge will be required in decision-making processes.

2. What role, if any, should health sciences play in the training of future health care administrators? Are there unique aspects of health care and the health care system that administrators will need to understand in order to function effectively? If so, what are these unique aspects and should they be taught in graduate programs or can they be quickly learned "on the job?"

3. What specific health sciences and health sciences courses do you feel are most important for the training of future health services administrators? Which are least essential?

4. What, in your opinion, are key functions of future health services administrators which will necessitate knowledge of the behavioral and social sciences? Please describe specific situations where this knowledge will be required in decision-making processes.

5. What role, if any, should the behavioral and social sciences have in the training of future health services administrators? How important are the behavioral and social sciences vis-à-vis accounting, financial management, quantitative methods and other more technical management skills?

6. What specific behavioral and social sciences and courses do you feel are most important for training future administrators? Which are less relevant?

7. Considering both health and behavioral sciences contributions, which curriculum components do you feel should be stressed in order to broaden the field of hospital administration into truly health services oriented administration?

Papers were received from the 17 individuals and organizations, listed below, reviewed by staff and faculty and many published by AUPHA in the January and February issues of Program Notes.

Hospital Association of Pennsylvania
Veteran's Administration
Catholic Hospital Association
National League for Nursing
American Nurse's Association
Graduate Program in Pharmacy Administration, University of Minnesota
Evelyn M. McNamara, American Hospital Association
Marguerite J. Schaefer, University of Pittsburgh
Jonathan M. Metsch, Dr.P.H., Mount Sinai School of Medicine
Philip N. Reeves, D.B.A., George Washington University
Mark S. Plovnick, Ph.D., Irwin M. Rubin, Ph.D., and Ronald E. Fry, Ph.D., M.I.T.
National Association for Hospital Development Education Committee
Hospital Financial Management Association
Theron G. Randolph, M.D., Human Ecology Research Foundation
Clifford Todd, Medical Data Reports, Inc.
National Association of Blue Shield Plans
Professional Institute of the American Management Associations

THE ROLE OF PHILANTHROPY IN ADMINISTRATION EDUCATION

James G. Marshall, Jr., Chairman
National Association for Hospital Development Education
Committee

Philanthropy has played a significant role in the development of the health care industry. In 1975 alone, over $4 billion dollars were contributed to health care, providing funds for construction, renovation, new equipment and many patient care programs.

Other sectors of society, notably colleges and universities, have successfully employed full-time development officers to generate philanthropic support. However, only one-seventh of the nation's hospitals have established similar development offices. This is due to the lack of understanding of the development function and its place within the hospital organizational structure. This paper outlines the historical relationship between health care and philanthropy and describes the types of courses in health administration education which are necessary to provide administrators with the background to maximize a hospital's fund-raising potential. Specifically, courses are suggested on the history and future of philanthropy, the role of philanthropy, factors affecting philanthropy, fund-raising, grantsmanship and roles and functions of the development officer.

GRADUATE TRAINING IN PHARMACY ADMINISTRATION

Dale Christensen, Fred Curtis, Carl Elkins, Rick Hammel, Jim Lundberg, Andy Johnson, Rachel Oyegbile

University of Minnesota, Graduate Program in Pharmacy Administration

Graduate programs in Pharmacy Administration have broadened their emphasis from the development of skills in the management of pharmacies to a concern with the management and evaluation of drug delivery and usage. As the scope of pharmacy administration has broadened, the behavioral and social aspects of drugs and drug systems have received increased attention. Relevant issues include the professional behavior of pharmacists, drug usage patterns of patients and consumers and the effects of community socioeconomic characteristics on the quality of health care.

While the pharmacy administrator is concerned primarily with drug-related aspects of the system, he/she must also deal with the entire health system. Thus, the pharmacy administrator must develop expertise in interpersonal skills, have a basic knowledge of the health sciences and a proficiency at cost-benefit analysis. The ideal curriculum for training future pharmacy administrators would emphasize the behavioral and social sciences. Specifically, the core curriculum would contain five elements: 1. administrative problem-solving and decision-making, 2. statistics and research evaluation, 3. personnel management, 4. health care behavior, and 5. health care systems.

POSITION PAPER ON CURRICULUM COMPONENTS OF GRADUATE EDUCATION IN HEALTH SERVICES ADMINISTRATION

John A. Russell
Hospital Association of Pennsylvania

The education of health administrators is affected by those factors which characterize the health industry as well as issues which shape it. Health services administration is differentiated from other management and administrative operations in several respects. To name only a few: the health industry is "people-oriented", goals are different, services provided are considered to be a right rather than a privilege and the industry is becoming highly regulated. These factors necessitate certain administrative skills: namely, an understanding of people, interpersonal relations, the environment and an understanding of health, illness and the intervention process.

There are two major issues which confront health administrators: the rising cost of health care and the increasing access to quality health care services. Given this context, three areas which deserve more emphasis in graduate programs are described:

1. Need for increased planning skills.
2. More knowledge skill in financial management.
3. Development of communication skills.

AMBULATORY CARE ADMINISTRATION

National Association of Blue Shield Plans

Approximately two-thirds of total health care expenditures is devoted to ambulatory care services. The costs for these services are paid directly out-of-pocket by the patient or indirectly from taxes. As expenditures for ambulatory care have increased, demand for more comprehensive health care coverage has also increased.

Two major concerns emerge with respect to comprehensive care. First, existing health resources cannot efficiently finance ambulatory health services. Second, there is a lack of well-trained administrators to effectively administer ambulatory programs.

With respect to training administrators, this paper argues for a curriculum which places more emphasis on the behavioral sciences, i.e. health economics, health team development, communications. In addition, functional areas should be addressed, i.e. health economics, health team development, communications. In addition, functional areas should be addressed, i.e. patient education, physician referral, resource planning.

Several alternatives are suggested to develop expertise in ambulatory care. Four-year undergraduate programs can be encouraged, while master's and doctoral programs in ambulatory care administration can be established. Finally, continuing education opportunities can be offered in conjunction with a university.

A METHOD OF DETERMINING THE CONTRIBUTION OF THE HEALTH AND BEHAVIORAL SCIENCES TO THE PRACTICE OF HEALTH ADMINISTRATION

Marguerite J. Schaefer
School of Nursing, University of Pittsburgh

Based on the premise that function is the raison d'etre for administration, it is asserted that the goal of graduate programs is to educate future health administrators to manage health institutions effectively and efficiently. The training of health administrators should address three primary management tasks, which are also measures of institutional performance, as set forth by Peter Drucker:

1. Managing social impacts and social responsibility.
2. Clearly defining missions and purpose.
3. Making work productive and workers achieving.

The conceptual framework around which a curriculum is constructed emphasizes a systems approach whereby health institutions are in constnat interaction with the environment, both affecting and being affected by that environment. The eight variables in the model are: 1) environment, 2) mission, goals, objectives, 3) work and working, 4) structure, 5) rewards, 6) technology, 7) relationships and 8) administration.

The health and behavioral/social sciences in the curriculum are viewed not as separate from but as an integral part of the discipline of management. Finally, it is suggested that an analysis be made of the potential contributions of each discipline in the health and behavioral/social sciences to a health administration program.

POSITION PAPER ON THE FUTURE TRAINING OF HEALTH CARE ADMINISTRATION

Veterans' Administration

Hospitals are becoming involved in diversified areas of health care delivery, including health care planning, maintaining the desired quality levels, assuring the appropriate availability and comprehensiveness of health care services and undertaking continuing education and research activities.

It is suggested that health care delivery has been particularly neglected in curricular design. Areas in which administration should possess expertise include the following:

A. Medical and Patient Care Practice,

B. Preventive and Community Medicine,

C. Community Medicine,

D. Mental Helath,

E. Health Services Organization,

F. Health Policy/Public Policy and

G. Health Team Development.

Training of future health care administrators should include the following:

1. Medical terminology,
2. Human biology,
3. Behavioral sciences,
4. Clinical medicine,
5. Sociology of health care,

6. Practical orientation to health care,

7. Patient health education and

8. Elective rotation.

These new curricular areas would necessitate changes in conventional programs. First, close relationships with schools preparing health care professionals would have to be developed. Second, academic training would be lengthened. Third, the criteria used to select students should include aptitudes and interest in biomedicine as well as administration. Fourth, the residency period should reinforce academic clinical expertise. Fifth, continuing education opportunities should be expanded.

PLURALISM AND INSTITUTIONALIZED VALUES

Paul R. Donnelly and
James A. Brigham, Jr.
Catholic Hospital Association

This paper promotes a diversity of health care facilities and a concern for identifying the desired values and understanding the process of infusing desired values into health facilities. It is argued first that in a pluralistic system a variety of organizations offers the individual a choice among alternatives. Second, it is argued that health care facilities should be able to accommodate a spectrum of values with respect to the nature of health and the provision of health services. The authors define pluralism and the traditional role of pluralism in society and discuss the implications of institutionalized values in the health industry.

Finally, the paper contends that there is a legitimate role for formal education programs to assist in the development and integration of a set of values into a person's administrative philosophy and practice.

THE NEGLECTED ROLE OF THE ENVIRONMENT IN MEDICINE

Theron G. Randolph, M.D.
Human Ecology Research Foundation

During the past several decades, etiology in medicine has been increasingly interpretedin terms of mass-applicable bodily mechanisms rather than demonstrable environmental-bodily relationships in individually studied patients. Also, the current vogue of employing analytical bodily centered diagnostic procedures and mass-applicable drug therapy at the relative neglect of evaluating possible environmental causes of illness has left a train of disasters. These include many specifically undiagnosed illnesses which have been allowed to become unnecessarily complicated and advanced; a plethora of adverse drug reactions; and, continued deterioration of the environment in the relative absence of significant medical interest or medical controls.

The means are now available, through an application of specific adaptation in the presence of individual susceptibility, to change this unsatisfactory course of modern medicine, as far as a large sector of chronic illness is concerned and to bring the environment into the mainstream of American medicine.

POSITION PAPER ON TIME MANAGEMENT

Clifford Todd
Medical Data Reports, Inc.

It is suggested that time management be included in the curricula of health administration programs. To acquire the skills necessary to manage time, the habit of using these skills must be developed. The curricula implication is that the teaching medium should deal with one aspect of time management at a time.

The following partial list of management topics provides a context in which time management can be discussed:

1. Meetings - necessary?, agenda, follow-up,
2. Delegation - effective use of librarians,
3. Paperwork and reading,
4. Retrieval of information,
5. The telephone and
6. Routine and trivia.

STATEMENT OF THE NLN TASK GROUP ON EDUCATION FOR HEALTH SERVICES ADMINISTRATION

National League for Nursing

A rapidly changing health system combined with criticism from the public sector, suggest a restructuring of health curricula to emphasize human resources and human relations in health care.

A reconceptualization of the curricula would begin with the student selection process where preferred candidates should have prior experience in health care. The education of administrators should follow an interdisciplinary approach and the program content should emphasize the functions and use of an interdisciplinary team approach. Methods enhancing the teaching-learning process to develop human skills should be employed.

Three avenues are suggested to ensure that professional nurses are included as a source for health administrators:

1. Professional nurses should be admitted to programs in health services administration located in Schools of Public Health or Community Nursing.

2. Other Schools of Health Administration should accept nurses in their programs.

3. Schools of Nursing should redesign their current graduate programs or introduce new programs in health services administration.

Each of the above recommendations should also include a preceptorship of not less than six months.

POSITION PAPER OF THE AMERICAN ACADEMY OF MEDICAL ADMINISTRATORS

Thomas R. O'Donovan
National Chairman, Education Committee
American Academy of Medical Administration

Several ideas are set forth in this paper. In order to provide students with maximum flexibility in their careers, it is suggested that graduate programs in health administration have a business administration emphasis, devoting 20-30% of the curriculum to health care delivery.

With respect to curriculum content, more training in the human sciences is advocated. In conjunction with this, case study courses are recommended to provide students with opportunities for interaction in problem-solving areas. Finally, the residency is stressed as an integral part of health administration programs, providing students with essential on-the-job experience.

EDUCATION OF THE HEALTH SERVICES ADMINISTRATION - A SOCIAL ISSUES AND SOCIAL PROBLEMS FOCUS

Evelyn M. McNamara
American Hospital Association

The following premises provide the basis for curriculum content in health administration programs:

- a health program should be socially oriented for the public benefit,
- the administration is of a system of personal health care services offered through a wide range of institutional programs and bases,
- Education...requires a focus and content different from or additional to that provided for management of an industry or commercial enterprise and
- there is a responsibility for the health care of the community and a need to influence it.

With respect to educational implications, several recommendations are made. First, courses should include a sociological orientation, i.e. present and future clients, their families, behaviors, settings, attitudes and knowledges, and community environments.

Second, programs should utilize administrators in human services to acquaint students with the variety of services offered, organizational structure, issues and problems.

Third, the political aspect of health administration should be incorporated into programs through discussions on regulations, legislation, informational resources, etc. Finally, specific Social Health Problems courses should be developed. This would include courses on alcoholism, child abuse, drugs, as well as institutional planning approaches to cope with these situations.

HEALTH CARE FINANCIAL MANAGEMENT

Edward L. Leven
Hospital Financial Management Educational Foundation

The purpose of this paper is to define and clarify the role of financial management within health services administration. As the health care industry has grown to encompass more than 7% of the GNP, the role of the financial manager has likewise expanded. Today, the growing list of responsibilities include involvement in financial policy-making, feasibility studies, cost containment and long-range planning.

The importance of the role of the financial manager is also gaining in recognition. Several studies are cited to support the contention that financial management is a critical subject area in the training of future health services administrators and in the continuing education of practicing administrators. It is pointed out that individual administrators must deal with the dual problem of financing their own institutions while also being concerned with financing the overall health system. Ultimately, the author contends, decisions of a financial nature shape the actual delivery of health care and the direction of the health institution.

Finally, a three-dimensional matrix distinguishing management disciplines, management and behavioral functions and management techniques is presented as a way of integrating theoretical knowledge and applying it to specific problems in a creative manner. This approach is suggested as a way of getting disciplinary managers to use various management decision-making techniques in making functional decisions. The concepts presented in the management matrix are reflected in a new graduate program which has been developed to meet the needs of current administrators. The Executive Graduate Program in Health Care Financial Management

includes subject matter in the following general areas: Health Care Environment, Accounting, Finance, Systems Development and Analysis and Organization and Management.

SOME PROPOSALS CONCERNING THE EDUCATION OF HEALTH SERVICES ADMINISTRATORS

Philip N. Reeves
George Washington Univeristy

There is a pronounced trend in the direction of a broader definition of health services administration. The epidemiological or medical care model of health is being replaced by the more encompassing ecological model. Similarly, the range of functions which administrators perform is also increasing; i.e. policy-making, managing, evaluating. These movements necessitate a more pronounced role for the health and behavioral/social sciences in graduate education.

The contribution of the health sciences is described using the premise that the primary role of the health administrator will be influencing or making decisions concerning the allocation of resources within a system. This necessitates an understanding of the factors which influence health, the realization that well-being is a dynamic concept and an understanding of the progress of life from conception to death. Within this context, students should learn about the intervention process, how illness and health affect populations and how interactions between humans and between people and their environment affect health.

The contribution of the social and behavioral sciences is in the domain of the non-technical aspects of choices concerning allocation of resources and the implemtation of resulting decisions.

A hierarchy of education is presented as a way to fulfill these education requirements and would:

1. allow schools to offer courses which would cover the entire spectrum of concerns of health services administration...

2. provide a developmental sequence within each substantive area,

3. allow each student to progress to the developmental level which is compatible with his or her motivation and capacity in stages that may or may not be part of a continuous educational process, and

4. provide identifiable entry points and reasonable prerequisites for those who wish to enter the educational system at some point above the college freshman level.

There are several issues which concern the education process of health administrators. First, there are major barriers to horizontal and vertical mobility within the field. Second, there are discontinuities in careers which lead to inefficient educational practices. The developmental curriculum concept would help to alleviate these issues and the application of this concept is presented in detail. To highlight only a few suggestions:

1. Many of the recommended undergraduate courses could simultaneously be used to fulfill liberal education requirements.

2. Functional specialty courses in the first two years of the undergraduate curriculum could produce employable persons with an associate of arts degree.

3. Formal undergraduate training combined with experiential training could eliminate introductory course work at the graduate level, thus providing more variety and more intense graduate level courses.

4. Adjustment of graduate and upper division undergraduate curricula to facilitate participation by part-time students.

STATEMENT ON EDUCATION FOR HEALTH CARE ADMINISTRATORS

American Nurses' Association
Commission on Nursing Services

Three major premises are set forth as the basis for discussion on education for health care administrators:

1. Health and illness care derive from the needs of the populations to be served.
2. There will be changes in the delivery of health care services in the U.S.
3. The need now is for leaders with ideas, not managers of men and materials.

Within this context, the nursing professional can contribute significantly to the administrative process in health care delivery systems. In addition to the nursing framework, nursing students have backgrounds in a diversity of social, behavioral and natural sciences which can contribute to more effective decision-making in health settings.

The suggested curriculum design for nursing administrators includes components in Nursing, Administration, Research and a Practicum. The curriculum is designed to enable graduates to communicate effectively, to understand the role of nursing as differentiated from other roles in the health setting, to value learning, to have an inquiring mind and to generate ideas.

Continuing education also plays a critical role in health administration. Today there is a scarcity of nurses prepared at the master's and doctoral levels and as formally trained hospital administrators. It is thus suggested that continuing education programs be established to upgrade the current work force. In particular joint course offerings in universities would enhance the education of future health administrators. Finally, the practicum would provide opportunities for interaction and learning.

DESIGN AND EVALUATION OF AN APPLIED BEHAVIORAL SCIENCE COURSE FOR HEALTH ADMINISTRATION STUDENTS

Mark S. Plovnick, M.I.T., Irwin M. Rubin, M.I.T., Ronald E. Fry, M.I.T.

This paper describes the evaluation of a graduate level course designed to incorporate behavioral science knowledge and skills into a health administration curriculum.

The course objectives were:

1. Knowledge. To develop in students an awareness and understanding of the problems faced by managers of health care facilities.

2. Skills. To develop in students skills in diagnosing and solving the problems found in health care facilities.

3. Attitudes. To develop in students more positive attitudes concerning the manageability of health care facilities.

4. Behavior Changes. To insure that students will use the techniques learned in this course when they enter their work settings and to increase the number (or likelihood) of students choosing administrative careers.

The learning theory which provided the context for the evaluation suggested a four stage cycle which includes:

1. concrete experience,
2. observation and reflection,
3. formation of abstract conceptual constructs,
4. active testing of conceptual theories.

Four learning styles generally emerge from this model:

1. active implemental and concrete experiential,
2. reflective observational and concrete experiential,

3. active implemental and abstract conceptual,

4. reflective observational and abstract conceptual.

Course content was organized in terms of the following problem and skill areas:

1. structuring organizations,

2. planning and goal setting,

3. clarifying and allocating role responsibilities,

4. making more effective decisions,

5. improving the coordination between different disciplines,

6. managing change,

7. attitudes.

The course evaluation had two components. The first was to document changes in knowledge and skill levels, attitudes toward health care administration, and career plans. The second component examined relationships between students learning styles and the effectiveness of the course design. Specifically, learning styles were compared to determine whether the more active and concrete students would learn more and be more satisfied in this course design than the other learning styles.

A VIEWPOINT ON CURRICULUM DEVELOPMENT

Johathan M. Metsch
Administrator, Mount Sinai Hospital Services
Assistant Professor of Administrative Medicine,
Mount Sinai School of Medicine

Two ideas are set forth in this paper. The first concerns student selection for graduate programs in health administration. The current assumption is that exposure to the proper curriculum content can produce the desired characteristics for individuals to function successfully in administrative roles. As an alternative, it is suggested that individuals with certain characteristics can benefit most from the curriculum. Thus, the relationship between personality characteristics and performance in administration should be investigated to provide more rational guidelines for student selection.

The second idea concerns curriculum development, namely, the responsiveness of current curricula to the needs of practicing administrators. Two observations are made about graduate programs: there is a propensity and conformity in programs and training seems to focus on senior level administrators rather than on entry level practitioners. Other factors influencing the training program are the faculty composition and reward structures. Faculty tend to be specialists with little administrative experience rather than generalists with a broad overview of the discipline. Faculty publish in academic vs. professional journals. Finally, faculty are rewarded for consulting on policy questions and obtaining research grants rather than solving operational problems in health institutions.

Within this context, the following suggestions are made:

1. Involve practitioners in curriculum development and accreditation processes.

2. Utilize AUPHA's Program Notes as a communications vehicle for faculty and administrators.

3. Attain an appropriate balance between didactic training and field experience.

4. Consultation by faculty should be at the level of program operations. More publications should be in professional journals.

5. Learn from the training of other professions, i.e. law and medicine.

6. Initiate the use of technical skills in the political climate of administration.

7. Examine the sequencing of courses more carefully.

APPENDIX D

EDITORIAL CONSULTANTS AND CRITICAL REVIEWERS

COMMISSIONED PAPERS

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